

Increasing Goal-Directed Communication in the Patient-Physician Relationship

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Goal-Directed Care

- Focuses on desired outcomes.
- Medical interventions are prioritized around set goals.
- GDHC is a patient focused approach.
- Assumes that the patients' goals and ability to do meaningful activities determines quality of life.



Purpose

- Physicians tend to focus on disease and symptoms instead of patient oriented goals and outcomes.
- Patient participation improves overall health outcomes, especially, quality of life outcomes.
- This study investigated the effects of short-form interventions on both the physician and the patient.
- The hypothesis was that priming the physician *and* patient will **increase goal-directed communication.**



Study Methods and Design

- Randomized, controlled, clinical study
- Intervention: Brief priming of patients and physicians to discuss patient goals to hopefully incorporate into clinical decision making process. Brief questionnaire with 3 QoL to be completed by the patient following consent and enrollment.
- Consenting FMC physicians both resident and faculty will be randomly assigned to one of two groups control vs. prompted.
 - Control group = non-primed physicians
 - Intervention group = single prompt provided to physician before each encounter
- Aim was for 5 patients per physician to be recorded. It ended up being a bit more random for number of recordings obtained for each physician.
- *Aim was for 60 total patient-physician encounters.*
 - Ended up with 30 in blue and 26 in rose for a total of 56 instead.
- Patient inclusion criteria: >18 yrs, english speaking, and being seen FMC for at least one chronic health condition
- **Initial** clinician group **was not** be primed to ask goal directed question during encounter. **Later** clinician group **was prompted** to ask. Goal was to compare the occurrences and the use of the goal specific info between the two groups of physicians.

- Pt group discussed their answers to the questionnaire with the researcher. Encouragement given by researcher to discuss their goals of care with their provider.
- Recordings of patient-physician encounter will be *further* analyzed via a **Modified Flanders Interaction Assessment Score**. Also, we will track whether the QoL goals or concerns were specifically discussed at any point during the conversation.
- We were looking to see if goal-directed information is brought up during discussions related to clinical decision-making for the patient.



Scoring and comparison

Scores can be grouped into a broader context.

1 - 3 = physician attending talk

4 -7 = authoritative talk

8 - 9 = patient participation talk

Modified Flanders Assessment Tool

- Every three seconds
- A score of 1-10
 - 1 Responds to Feelings
 - 2 Praises or Encourages
 - 3 Uses Patients Ideas
 - 4a Asks and Open Ended Question
 - 4b Close Ended Question
 - 5 Gives Information
 - 6 Gives Instruction
 - 7 Criticizes or Justifies Authority
 - 8 Patient Responds to Doctor
 - 9 Patient Initiates
 - 10 Silence or Confusion

Current Status

- 12 physicians consented to be in the study, 4 denied to be in the study.
- 56 of 60 recordings have been completed and analyzed
- Recordings were analyzed in 3 second intervals using the modified Flanders assessment tool
- The controlled physicians brought up the goal-directed question in 1 of the 15 encounters
- The primed physicians brought up the goal-directed question in 22 of the 26 encounters
- Currently in just the first phase of analysis without statistical tools applied

Modified Flanders Analysis

	1	2	3	4	5	6	7	8	9	10
C002	17	8	5	159	783	85	1	518	235	374
C004	14	8	2	88	384	62	0	884	256	163
C005	2	2	0	122	688	34	0	569	46	353
P005	6	14	0	77	495	4	0	332	90	318
P006	4	4	0	56	256	26	0	388	59	190
P007	2	2	0	80	53	20	1	350	23	157

Qualitative Analysis

- Patients were enthusiastic to write down their answers when completing the QOL questionnaire before their visit.
- Patients were enthusiastic to write down their answers when completing the QOL questionnaire before their visit.
 - Patients brought up issues which were not mentioned previously in the encounter.
 - Physicians were engaged with their patients when the QOL was brought up, and they expressed empathy in the answers the patients provided.
 - Many times, the information gained from this question was used in clinical decision making and affected the course of treatment.

Quotes along the way....

“ Dr. Reilly says, "Well I like that question! I think that was a really useful question to ask. Don't you? I thought it was very valuable!!

“ Pt: "It's limiting me from living like a normal person. I can't go do normal working out. I enjoy working out and it should be easy for me. It's so difficult, just to keep my legs up and keep them straight."



Some push back ...

“ When I explain goal-directed care to doctors, their first response is usually, “ We already do that.” Once I have convinced them that they don’t, they say, “ It isn’t possible. ”

However, I know that it is possible for care providers to use many of the principles of goal -directed care. As much as anything, IT IS A MINDSET, a different way of thinking in the moment. Once you have adopted the mindset, goal-directed care can be provided even within a problem -oriented system.”

- (Mold, 2017)

References

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